FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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|-------------|------|-------|

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|----------------|---------------|
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OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* LARSON TODD C | | | | | | 2. Issuer Name and Ticker or Trading Symbol REINSURANCE GROUP OF AMERICA INC [RGA] | | | | | | | | | 5. Relationship of (Check all applications) Directors Officer | | g Pers | on(s) to Issu 10% Ow Other (s | /ner | |
|--|---|--|-------------------------------|-----------------------------------|---|--|---|-------|---|--|------------------------|--|--|---------|---|--|------------|--|--|--|
| (Last) 16600 SW | (Firs | t) (N IDGE ROAD | 1iddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2012 | | | | | | | | | X | below) SEVP, Chief Finan | | | below) | | |
| (Street) CHESTERFIELD MO 63017 | | | | | 4. If <i>i</i> | | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | | ip) | | <u> </u> | | | | | | | | | | | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | on 2A. Deemed Execution Date, | | 3. 4. | | sposed of, or Benefic 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar | | | 5. Amou nd 5) Securitie Beneficie Owned F | | es ally Following | Form: Direct | | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | |
| Common Stock 02/12 | | | | 02/12/2 | 012 | | | S | | 2,000 | D | \$152. | 9931 2 | | ,212 | | D | | | |
| Common S | tock | | | 02/12/2 | 020 | | | | M | | 5,753 | A | \$59 | .74 | 34,965 | | | D | | |
| Common Stock 02/12/20 | | | | 020 | | | D | | 3,312 | D | \$152. | 2.85 ⁽¹⁾ | | 31,653 | | D | | | | |
| | | Та | able II | | | | | | | | posed of, convertib | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, n/Day/Year) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exer Expiration D (Month/Day/ | | ate | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | S (I | . Price of Perivative Pecurity Pecurity Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amou or Numb of Share | oer | | | | | | |
| Stock Appreciation Right (right to purchase) 2011 | \$59.74 | 02/12/2020 | | | M | | | 5,753 | 12/31 | /2011 | 02/22/2021 | Common Stock | 5,75 | 53 | \$0 | 0 | | D | | |

Explanation of Responses:

1. Represents (i) 2249 shares sold to pay the exercise price the purchase of common stock, and (ii) 1063 shares withheld to satisfy Company tax withhelding obligations. The difference between the number of SARs exercised (5753) and the number of shares withheld to pay the exercise price and taxes (3312) results in a net settlement of 2441 shares.

> William Hutton, by power of attorney

02/14/2020

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.